



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 2868

|                             |  |              |                        |                                   |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/679,723 | FILING OR 371(c)<br>DATE<br>10/06/2003<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1651 | ATTORNEY DOCKET NO.<br>GJE-6089D3 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

**APPLICANTS**

Bruce Joseph Roser, Cambridgeshire, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/658,219 09/08/2003 which is a CON of 09/888,734 06/25/2001  
 which is a CON of 08/875,796 10/30/1998 PAT 6,649,386 \*  
 which is a 371 of PCT/GB96/00119 01/19/1996

(\*)Data provided by applicant is not consistent with PTO records. OK + ALM

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9501040.1 01/19/1995

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/30/2003

|                                 |  |                                    |                        |                   |                         |
|---------------------------------|--|------------------------------------|------------------------|-------------------|-------------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS<br>DRAWING<br>0 | TOTAL CLAIMS<br>8 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                        |                   |                         |
| Verified and Acknowledged       | Examiner's Signature   | Initials                           |                        |                   |                         |

**ADDRESS**

25225

**TITLE**

Dried blood factor composition comprising trehalose

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|